ANTI-STIGMA NETWORK

Stigma and Language for Organisations

Who is this Guide for?

Many organisations that have a connection with people who use, or have used drugs or alcohol will have thought about language and stigma in depth and have their own resources.

If you have, we hope this will be a useful addition to your work in this area. But this may be a new consideration for many. We have been working with organisations from sectors as diverse as education, finance, retail, government, the arts, manufacturing, transport and many more.

If you do not have a daily connection with people who use, or have used, drugs or alcohol we hope this is a useful guide to help you make a start on considering why language matters.

Why we Should be Mindful of Language

When discussing substance use, being mindful of language is critical to avoiding stigma. Stigmatising language can perpetuate negative stereotypes, hinder access to substance use care, and the wider resources we all need for our health and wellbeing.

Everyday language used to talk about substance use can be discriminatory. Both choice of terminology and the underlying common narratives around substance use are significantly behind that used to describe other health conditions and social issues. This is partly due to the complexity in effectively challenging and dismantling stigma related to substance use due to its nature as a culturally embedded phenomenon.

Therefore, rather than attempting to dismantle stigma we have traditionally sought to avoid stigma through anonymity and secrecy, which has clearly had benefits. However, this has also contributed to a lack of education around the topic and arguably perpetuated the idea that there is something to be ashamed of, further encouraging shame and feeding stigma.

Furthermore, people affected by substance use often face discrimination and are not granted the same legal protections as those with protected characteristics under the Equality Act.

Discrimination and disempowerment can therefore make people particularly sensitive to use of language which perpetuates stigma.

Summary Language Guide

This guide summarises some key considerations around choice of phrases which we expand on through this document. Some terms are contentions as language is evolving and most require a consideration of context.

It's also important to stress that many people use alcohol or other drugs without significant harm. We should avoid labelling all substance and all substance use as inherently harmful, as this can increase stigma. However in this guide we tend to focus on how best to talk about substance use when there is a health or wellbeing concern.

AVOID	CONSIDER	WHY
Labels - labelling in relation to stigma refers to the practice of assigning a defining term or category to people based solely on their substance use.		
• Addict • Junkie • Alcoholic • Drug abuser/misuser • Clean • Recovery	• Person with a substance use disorder (SUD) • People experiencing problematic substance use • People experiencing alcohol dependency • People with substance use needs • Person with a drug problem • Person with a drug dependency • Person with problem drug use • People who use drugs • Abstinent from ... • Recovering from ... • Personal Recovery • Improving health	This act of categorisation can lead to a reduction of a person's identity to their substance use alone. Labels (and their associated negative connotations) can also be internalised by the people affected, leading to low self-esteem and avoidance of labelling by avoiding seeking support.
Accuracy – addiction is a specific term, if used to define all substance use as addiction you may misalign the message intent and intended impact.		
• Addiction	• Dependence • Problem drug/alcohol use • Alcohol use • Drug use	Be careful to choose the correct term for the point you are making. Ask people how they wish to be referred to if possible.
Avoiding moral judgement – there is a long history of substance use being viewed as an indicator of moral character. This attitude persists for a number of complex reasons and has the effect of deterring people from seeking support.		
• She's a drug abuser who refuses to stop • His drug of choice is heroin • He is so selfish, just doesn't care about others	• She is managing a substance use disorder • She is experiencing issues with substance use • He is currently using heroin	Neutralising language to remove suggestions of character flaws reduces the risk of disapproval, distancing and discrimination.

AVOID	CONSIDER	WHY
Avoid blaming - judging people on their observable behaviours, or projecting our own opinions of their behaviour, without knowledge of their complex life experience and their environment, can lead to blaming and shaming.		
• He's ruining his life by using drugs • He refuses to engage with treatment • He lacks motivation to recover • He just needs to stop drinking • He's in recovery now and giving back to society	• He is facing challenges related to substance use • The treatment offer may not be suitable for his needs • He is currently using opiates • He's in recovery and volunteering for a local charity	People cannot be shamed into treatment. Using more neutral and non-judgmental language is more likely to engage people in seeking support. Blaming people for not accessing support is unfair and may hide a problem with service design.
• Lifestyle • Chaotic lifestyle • Risky lifestyle	• Daily routine	
• Complex needs • Hard to reach • Lacks motivation to engage • Unsuitable person for the services	• The service is not offering coordinated care • The service is hard to access • Unsuitable service for the person	
Avoid passive language that lacks hope – capturing and nurturing motivation to make change is important to facilitating positive change.		
• Once an addict, always an addict • Sending people to rehab • Service Users • Referred to treatment • Requiring treatment • Need for treatment • In treatment • Maintained or parked on methadone	• Recovery is possible with the right support • Recovery from substance use problems are not just possible but common with the right support • People who use services • Seeking treatment • Requesting treatment • A right to treatment • Accessing treatment • Engaging in - • Opiate substitution treatment or opiate substitution therapy (OST) • Opiate replacement treatment or opiate replacement therapy (ORT) • Opiate agonist treatment (OAT) • Opiate dependence treatment	Substance use can, when problematic in nature, limit people's ability to make change and expect positive outcomes from making change. It is important that systems of support do not perpetuate challenges and block positive improvement in health. This is especially important when people take the first step to seeking help.
Strengths-based supportive language – defining people by deficits is de-motivating and feeds into notions of moral judgement and blame		
• Victim of addiction • You've finally admitted you have a problem • You made a mistake again • Relapse • You need to sort this out	• Person progressing in their personal recovery • You've shown great courage in seeking help • This is an opportunity to learn and grow • Recurrence of substance use • We can do this together	Positive reinforcement can help overcome internalised stigma and build self-esteem.

Language as the First Barrier to Overcome

This sensitivity to language can mean communication is difficult around the topic of substance use. With the best intentions we may struggle to achieve our aims if we do not consider our choice of words.

We should recognise that the stigma associated with substance use has been weaponised for personal and political benefit. For some, stigma has served a purpose by acting as a shorthand for creating a dividing line between those deemed worthy, and those perceived unworthy, of limited resources. This leads to suspicion over the true intent of communication around substance use.

As such, communication from official bodies and institutions who are speaking for, or about, people affected by substance use are more likely to be perceived with suspicion before even starting to talk about the topic.

However, understanding the environment in which your message is landing and accordingly carefully considering your language, can help bring the impact of your communication closer to your intent.

1 Avoid Labels

Labelling in relation to stigma refers to the practice of assigning a defining term or category to people based solely on their substance use.

This act of categorisation can lead to a reduction of a person's identity to their substance use alone. Labels (and their associated negative connotations) can also be internalised by the people affected, leading to low self-esteem and avoidance of labelling by avoiding seeking support.

Problematic Terms:

Words like: "addict", "junkie", "alcoholic" or "drug abuser/ misuser" reduce a person to their substance use, ignoring their humanity and complexity.

Preferred Terms:

Use person-first language such as: "a person with a substance use disorder" (SUD) or "people experiencing problematic substance use" or "people with substance use needs" can emphasise the person first rather than the condition.

Other useful terms may be:

- Person with a drug problem
- Person with a drug dependency
- Person with problem drug use

A key issue with problematic labels such as "addict" and "alcoholic" is that it suggests a fixed identity that is binary in nature.

People are either an "alcoholic" or not, for example. This undermines the complexity of someone's changing relationship and experience with alcohol in a wide variety of settings and situations.

The stereotypical view of "addicts" and "alcoholics" can also deter people experiencing problems with drugs and alcohol from seeking support, as they may feel they do not fit the image associated with those words.

Use of the word "dependency" may be a more appropriate word in some circumstances, or for a broader and more neutral terminology "problem use" or "problematic use".

"Addiction" can be a contested term. The Anti-Stigma Network will use the word addiction when appropriate, but we try to be careful as it may not be a term that people recognise as applying to their condition. For example, someone's substance use may cause problems for people and their loved ones but not meet a typical definition of addiction.

Adding "currently" can also help to emphasise that "addiction", "dependence", "problematic use" are treatable and changeable conditions, for example "people currently experiencing problems with alcohol use".

Importantly, ask people how they wish to be referred to if you possibly can.

Person-first language can lead to person-first policy, and service provision, by creating a specific response to the lived experiences of a diverse range of people, rather than a process-driven response to the generic health condition.

2 Recognise Substance Use as a Health Condition

Problematic substance use is a health condition, with complex social and environmental drivers and not a moral failing. Avoid language that implies blame or moral weakness.

Stigmatising:

"She's a drug abuser who refuses to stop" or "his drug of choice is heroin" or "he is so selfish, just doesn't care about others".

Non-stigmatising:

"She is managing a substance use disorder" or "she is experiencing issues with substance use" or "he is using heroin".

The complexity and highly personalised nature of substance use can lead "affected others", such as family and friends to become emotionally exhausted when trying to understand a loved one's behaviours. The compulsion to prioritise substance use behaviours over relationships can lead loved ones to be disillusioned and retreat in order to protect themselves.

But we should try to separate the essence of the person from the behaviours driven by the health condition. Because whilst culturally embedded stigma can offer a solution of sorts, offering the permission to dismiss complexity and emotional burden by reducing the issue of substance use to one of personal blame, this only leads to greater harm.

3 Be Mindful of Blame and Judgement when Faced with Complexity

Avoid implying that people "choose" their condition or can simply "stop using" through willpower alone. Substance use is influenced by complex factors like culture, social norms, trauma, and social-economic environment.

Stigmatising:	Non-stigmatising:
"He's ruining his life by using drugs" or "he refuses to engage with treatment" or "he lacks motivation to recover" or "he just needs to stop drinking" or "he's in recovery now and giving back to society".	"He is facing challenges related to substance use" or "the treatment offer may not be suitable for his needs" or stating factually "he is currently using opiates" or "he's in recovery and volunteering for a local charity".

The word "lifestyle" when describing drug or alcohol use may also be stigmatising by implication.

It underplays the wider context of people's lives, which can shape the options available to them and the outcome of choices they make. It may suggest that someone is making a "lifestyle choice" suggesting a complete control in problematic use of substance. It can also be used to suggest someone is either unable to be helped, "chaotic lifestyle," or lacks self-care, for example "risky lifestyle". Alternatively, when describing how someone lives their life the more neutral "daily routine" may suffice.

"Giving back to society" can also be a problematic phrase.

It is very common that people who have experienced problems with substance use share their experiences to help others.

This is an altruistic act and should not be seen as making amends for a perception that they have taken from society.

A note on how support services are organised.

We all know that health and social care services can be difficult to navigate, some people may need a combination of treatment and support solutions for their physical, mental health and housing for example. Changing
how services work together can be difficult and so rather than saying how services need "to improve inclusion of people seeking support for a combination of inter-related and co-existing needs", we may say quite unfairly that people have "complex needs", are "hard to reach" or even "lack motivation to engage".

The stigmatising narrative is one that puts the onus on the *person* to do better, rather than the healthcare *system* to respond better to the person. We might be better, and more accurate, to describe *services* as "not offering coordinated care" or being "hard to access".

Finally, we should be especially careful with language when people using substances access services. Approaching services for support can be extremely stressful. Substance use can be a factor that excludes people from a wide range of services for example housing and mental health services. In most of the cases where people are excluded from support it is the service that's not suitable for the person and not that the person that is unsuitable in their own right.

4 Avoid Language that suggests Hopelessness and Lack of Agency

Words that imply someone is "beyond help" can discourage people from seeking treatment. The origin of this language dates back to a period before the development of effective clinical and psychosocial treatment for substance use treatment. This pre-1950s language has stuck around a long time.

Stigmatising:	Non-stigmatising:
"Once an addict, always an addict"	"Recovery is possible with the right support" or "recovery from substance use problems are not just possible but common with the right support

The term "Service Users" has started to become replaced by person first language such as "people who use services" but other treatment-related language can still be disempowering.

This signals a change from passive to active language. Instead of describing people as being "referred to treatment" or "requiring treatment" we should state they are "seeking treatment" or "requesting treatment". We may say people have a "need for treatment" whilst we could say people have "a right to treatment". Instead of describing people as "in treatment" we could say they have "accessed treatment".

When choosing words, it can be helpful to think about the wording that might be used to describe people in treatment for different health conditions.

For example, while it is common to hear that people accessing drug and alcohol treatment are "sent to rehab," we wouldn't normally say that someone was "sent for cancer treatment."

When talking about Medication Assisted Treatment avoid talking about people being "maintained" or "parked on methadone", instead, maybe use terms such as:

- Opiate substitution treatment or opiate substitution therapy (OST)
- Opiate replacement treatment or opiate replacement therapy (ORT)
- Opiate agonist treatment (OAT)

It is not always easy to achieve a balance between portraying:

a) People affected by problematic substance use as having agency to make change without

b) Dismissing the challenges of making that change but attempting to do so leads to a more realistic portrayal of substance use.

5 Reframe Conversations about Treatment and Recovery

Avoid terms like "clean" or "dirty" when referring to someone's sobriety or drug tests, as these terms carry moral judgment.

The word "clean" to describe abstinence from drugs evolved from a blend of medical terminology and a moralistic view of substance use language. It reflects historical views of substance use, both as a health condition and a perceived moral failing.

Stigmatising:	Non-stigmatising:
"He's clean now" the implication being that "he used to be dirty".	"He is in recovery from heroin use" or "he tested negative for substance use" or "his health is improving".

The word "clean" can also set a standard for recovery that may not be achievable or even desirable for many people.

However, this can be a contentious issue because the modern usage of "clean" in the context of drug abstinence became particularly widespread with the rise of recovery movements like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) in the 20th century. As such people can take great pride in self-identifying as "clean".

The Anti-Stigma Network take the view that we should respect how people wish to identify, but we do not use the word "clean" to label others.

The word recovery can also be contentious, there is a tendency for the word to be used to describe a certain type of health improvement based on abstinence from substances. As such, its use can be divisive. It may be more appropriate to describe 'personal recovery' as a self-defined journey toward better health rather than an externally imposed standard.

6 Acknowledge Structural and Social Factors

Emphasise the systemic and societal influences that contribute to substance use.

Drivers of substance use are highly personalised and complex and may include hidden influences such as poverty, childhood experiences, discrimination, availability of drugs and saturation of alcohol advertising, amongst many more.

Avoid language that isolates the individual as the sole problem. As a Bio-Psycho-Social health condition a range of factors affect the risk of a person becoming dependent on substances and their capability to recover.

Therefore, recognising social and structural factors presents a more accurate depiction of substance use.

This can be difficult because we tend to judge people based on what we can see (observable behaviours). This can mean that we underestimate the impact of what we can't see.

We also have a tendency to believe that people get back from society what they put in, in terms of individual effort i.e. hard work leads to results. This can mean that we mistakenly fall into thinking that people who are underserved or poorly supported by society must have done something to deserve it.

Practically, this means that we should always add context to our communication around substance use. When talking about people, or empowering people to talk about their own lives, ensure we are building a picture that has detail and nuance. Ensure that people are not just given a name, but a home, a family, and hopes and fears of their own.

Much of modern communication is time and word limited but we should still try to find ways to afford the topic and the people affected a more rounded human story.

7 Promote Respect and Empowerment

Use language that reflects respect, dignity, and optimism about health improvement. Empower people by focusing on their strengths and resilience.

For example:

Instead of "victim of addiction,"
Use "person progressing on their personal recovery"

Avoid saying "You've finally admitted you have a problem"
Use "You've shown great courage in seeking help"

Improving health is not a straightforward process, whilst many people address problematic substance use through a period of treatment, others may experience recurrence of substance use along the way. Rather than see this as a failure, we can instead understand it as an opportunity to learn and progress.

Say "this is an opportunity to learn and grow" instead of "you made a mistake again" or "recurrence of substance use" rather than "relapse".

An empathetic and de-stigmatised society will see support for people affected by substance use as a collaborative process with benefits for all.

Example: "We can do this together" instead of "You need to sort this out".

In short, highlight people's strengths, efforts, and positive actions.

It is important to note that language is evolving in this area and the intended meaning of some words used to destigmatise have changed over time.

Recovery *can lead to* ***health improvements***

For example:

Some people prefer not to use the word "recovery" as it has been associated with "abstinent recovery". You could say "health improvement" or "personal recovery" instead. This is a notion of recovery self-defined by those directly affected, and not imposed by others.

A focus solely on "recovery" or abstinence when discussing substance use may also be divisive and counter-productive. Whilst we hope people find a "personal recovery" for themselves, people who are currently using substances to a degree that causes them problems must be included in the discussion and afforded the respect for their inherent human rights.

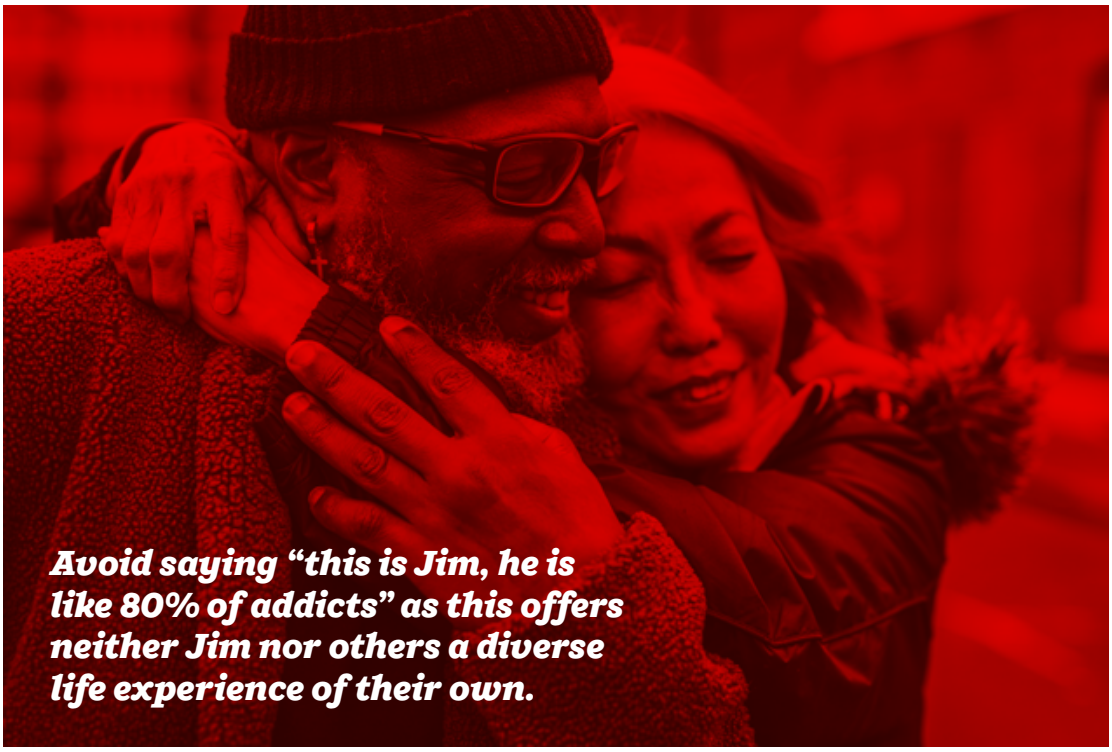
It may also be useful to define "abstinence" more carefully in discussion for example, explicitly stating the substances from which a person is abstinent e.g. "abstinent from illegal drugs" or "abstinent from stimulants".

8 Be Culturally Sensitive

Recognise that substance use affects people across cultures and communities differently. Avoid generalisations and acknowledge diverse perspectives and experiences.

If you were to use an example of someone's 'lived experience', in a story for example, be careful to acknowledge that everyone has their own lived experience. 'A' lived experience is not 'the' lived experience. It may be preferable to use the phrase "personal experience" and seek to gather a range of "personal experiences" to inform your work.

Stories can serve a purpose to humanise people affected by substance use, but grouping people with diverse life experiences together in a tokenistic manner can lead to your intent and impact being misaligned and/or lead to overly broad policy decisions that underestimate differences.


Avoid saying "this is Jim, he is like 80% of addicts" as this offers neither Jim nor others a diverse life experience of their own.

Practical Steps for Change

Educate others

Advocate for non-stigmatising language in your community or workplace.

Person first language

Use Person-First Language that centres the person rather than the condition.

Case studies

Whilst respecting some people wish to remain anonymous ensure you represent a strength-based picture of people as the rounded human beings they are with a name, a home, a family, a past and a future, an emotional inner life and opinions of their own.

Clarify intent

Explicitly explain your intentions to prevent misunderstandings. You could add an explainer to your communications to explain why you have chosen to use certain words. You could say that you recognise different opinions existing in relation to language. You may also acknowledge that you may use the 'wrong' language at times, but your intent is to engage and learn. Be open and ask for feedback.

Avoid tokenistic use of lived experience

Be careful not to present 'a' lived experience as 'the' lived experience. Afford everyone the right to their own diverse personal experiences. Do not seek examples of lived experience to support your own predetermined agenda.

Refer to language guides

We have included one in this document but there are many more. Not all guides will perfectly align there are differences between UK and US terminology for example, but have integrity in your own choice of language by being mindful and open to explaining your choices. They are only guides and cannot cover every situation. So, create your own language guide and update it as language evolves.

Address difficult subjects

Do not avoid discussing difficult subjects due to the risk of stigmatisation e.g. the link between substance use and crime for example, but give context to people's lives, embrace complexity, find the right forum for your communications and clarify your intent.

Informed discussion

Be generous to people seeking to talk about substance use – any of us may at times say the wrong thing with good intent. Encouraging informed discussion and visibility leads to destigmatising substance use.

The Anti-Stigma Network can

- Review a selection of your communications and offer guidance on use of language.
- Help you create your own general language guide.
- Signpost you to specialist language and imagery guidance that has been produced to support the representation of substance use in the media.
- Signpost you to specialist language guidance for academic writing.
- Help you understand the range of evidenced based anti-stigma practice though our monthly guide, webinars and workshops.

Join us at: www.antistigmanetwork.org.uk/join-us

Contacts us at: info@antistigmanetwork.org.uk

We welcome your feedback on this guide